



Closed

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: ☒ Health Care Provider ☐ Injured Employee ☐ Insurance Carrier

Requestor's Name and Address:
Elias Benhamou, MD
2900 Wesleyan, Ste. 260
Houston, TX 77027

MDR Tracking No.: M4-06-6582-01

Respondent's Name and Address:
Federal Insurance Co.
Rep. Box # 17

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "Designated Doctor Eval billed in accordance w/ Rule 134.202(e)(6); no carrier response to reconsideration."

Principle Documentation:

1. DWC-60
2. CMS-1500
3. EOBs
4. Medical Report

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary:
None submitted.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
2-17-06	W1	99456-WP - Evaluation for MMI/IR	1-6	\$150.00
TOTAL DUE				\$150.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, set out reimbursement guidelines.

1. This dispute relates to whether additional reimbursement is due for CPT code 99456-WP. The insurance carrier paid \$500.00 of the \$650.00 billed based upon, "W1 – Payment determined, Workers' Compensation State Fee Schedule Adjustment." The Requestor submitted convincing evidence that CMS-1500s were submitted for reconsideration.
2. According to Rule 134.202(e)(6)(C)(iii), "An examining doctor, other than the treating doctor, shall bill using the 'Work related or medical disability examination by other than the treating physician....' CPT code. Reimbursement shall be \$350."
3. According to Rule 134.202(e)(6)(D)(iii)(II), "The MAR for musculoskeletal body areas shall be as follows.
 - a) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th Edition is used.
 - b) If full physical evaluation, with range of motion is performed:
 - 1) \$300 for the first musculoskeletal body area; and
 - 2) \$150 for each additional musculoskeletal body area.

4 According to Rule 134.202(e)(6)(D)(iii)(III), "If the examining doctor performs the MMI examination and the IR testing of the musculoskeletal body area(s), the examining doctor shall bill using the appropriate MMI CPT code with the modifier "WP." Reimbursement shall be 100% of the total MAR."

5. Advisory 2004-01, issued on March 25, 2004, stated in part that, "Both of the above fees are reimbursed in addition to the \$350 paid for the MMI evaluation."

6. On this date, the Requestor billed \$650.00 for 99456-WP. Per Advisory 2004-01, The Requestor performed MMI and IR evaluation and utilized CPT code 99456-WP. Per Rule 134.202(e)(6)(C)(iii), the requestor is entitled to reimbursement of \$350.00 for MMI evaluation. In addition, Rule 134.202(e)(6)(D)(iii)(II)(b) allows reimbursement of \$300.00 for IR-ROM method for initial body area. Therefore, the Requestor is entitled to reimbursement of \$650.00. The insurance carrier paid \$500.00. The Requestor is entitled to the difference between amount paid and due, which equals \$150.00.

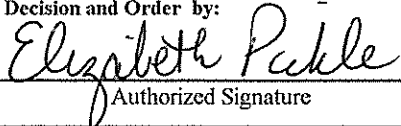
PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202
Advisory 2004-01

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to additional reimbursement in the amount of \$150.00 plus all accrued interest due at the time of payment to the Requestor within 30 days receipt of this Order.

Decision and Order by:


Authorized Signature

Elizabeth Pickle, RHIA

Typed Name

October 11, 2006

Date of Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.